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Bib Data Sheet

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*Yes*  
*647,54*

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/263,593 03/05/1999  
WHICH IS A CIP OF 08/815,852 03/12/1997 PAT 5,881,159

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 05/17/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 22	TOTAL CLAIMS 68	INDEPENDENT CLAIMS 25
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SN</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

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## TITLE

Hearing aid

**FILING FEE  
RECEIVED**  
3400

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/>